State File No. _122_

Registered No. _____

1. PLACE OF BIRTH

County _Gila_

State _Arizona_

District or Township _____

or Village _Payson_

City _____ No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Lawrence Norris_

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child _M_

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. No.. in order of birth _6_

6. Legitimate? _Yes_

7. Date of birth _4_ _6_ _1929_

Month Day Year

8. FATHER

Full name _Homer Norris_

9. Residence (Usual place of abode) _Payson Ariz_

If non-resident, give place and state.

10. Color or race _white_

11. Age at last birthday _37_ (Years)

12. Birthplace (city or place) _Pa,_

(State or country)

13. Occupation

Nature of Industry _Laborer_

14. MOTHER

Full maiden name _Jess Franklin_

15. Residence (Usual place of abode) _Payson Ariz_

If non-resident, give place and state.

16. Color or race _white_

17. Age at last birthday _27_ (Years)

18. Birthplace (city or place) _Ariz_

(State or country)

19. Occupation

Nature of Industry _H. W._

20. Number of children of this mother _6_

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living _6_

(b) Born alive but now dead _0_

(c) Stillborn _0_

21. Were precautions taken against ophthalmia neonatorum? _Yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _Born alive_ at _3 P._ m. on the date above stated

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _____

Physician

(Physician or midwife).

Given name added from a supplemental report _____

Month, day, year

Address _Payson Ariz_

Filed _4/9_, 19_29_ _C H Risser_

Registrar

Registrar

_353 - 156-165_